

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041058

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3-10

Primary Registration District No. 305-8

Registrar's No. 1350

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Twp.		c. CITY OR TOWN St. Charles Twp.	
Length of stay in 1b 7 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kampsville Crt., R.R. 1		d. STREET ADDRESS (If outside, give location) Kampsville Crt., R.R. 1	
3. NAME OF DECEASED (Type or print) First Frank Middle M. Last Pearse		4. DATE OF DEATH Found Month 10 Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jun. 8, 1902
9. AGE (last birthday) 61		IF UNDER 1 YEAR IF UNDER 24 HR Months 4 Days 21 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Pearse		13b. MOTHER'S MAIDEN NAME Mary Thomas	
14. NAME OF HUSBAND OR WIFE Helen M. Schmidt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	
16. SOCIAL SECURITY NO. ??		17. INFORMANT Address Mrs. Mary Noe, St. Louis 10, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Death probably occurred about the	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 18th or 19th of October; body badly decomposed		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from held view to and last saw her alive on Death occurred at body found at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Frank R. Maloney, Coroner		22b. ADDRESS Mo. 12 Cunningham Ct., St. Charles	
22c. DATE SIGNED 10/31/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Nov. 1, 1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) St. Louis, Mo.		24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons, St. Charles, Mo.	
25. DATE RECD. BY LOCAL REG. Oct 31-1963		26. REGISTRAR'S SIGNATURE Mabel Zimmualt Dep	

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signed

Frank R. Amalony

Licensed Embalmer No. *4836*

P. O. Address

St Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.